

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | |
|--|---|--|---|--|------------------|---------------------|
| The C/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Ms | FIRST Lauren | MI N | OFFICE USE ONLY | | |
| | NICKNAME | LAST Barron | SUFFIX | Date Received . | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1454 Country Club Rd. San Angelo TX 76904 | | | Date Hand-delivered or Date Postmarked 3/20/2026 AM 11:20 Receipt # Amount \$ Date Processed Date Imaged | | |
| <input type="checkbox"/> Change of Address | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (325) | PHONE NUMBER 245-4480 | EXTENSION | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr | FIRST Todd | MI | | | |
| | NICKNAME | LAST Dornhecker | SUFFIX | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 4753 Royal Troon Dr. San Angelo | | | STATE; ZIP CODE TX 76904 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (325) | PHONE NUMBER 374-3649 | EXTENSION | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election | | <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month 1 | Day 1 | Year 2024 | Month 1 | Day 22 | Year 2024 |
| 11 ELECTION | ELECTION DATE Month Day Year 3 / 3 / 2024 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) Tom Green County Clerk's office | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | | |
| <input type="checkbox"/> Additional Pages | | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | | <input type="checkbox"/> GENERAL | | | | |
| | | <input type="checkbox"/> SPECIFIC | | | | |
| | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|-------------------------|--|--|
| 15 C/OH NAME | Lauren Barron | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$1,050.00 | \$ 100.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$950.00 | \$ 950.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$935.87 | \$ 76.50 |
| | 4. TOTAL POLITICAL EXPENDITURES \$859.31 | \$ 859.31 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$310.05 | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ | |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

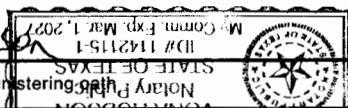
(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Lauren Barron this the 30th day of January, 2007, to certify which, witness my hand and seal of office.

Vern Hudson Signature of officer administering oath

Printed name of officer administering oath



Title of officer administering oath

Notary

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | |
|--|---|
| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
| Lauren Barron | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | | |
|--|---|---|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Lauren Barron</i> | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>1/7/24</i> | 5 Full name of contributor <i>Becky Robles</i> | <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) <i>\$200</i> |
| | 6 Contributor address; <i>Confidential</i> | City: _____ State: _____ Zip Code: _____ | |
| 8 Principal occupation / Job title (See Instructions) <i>County Tax Assessor - Collector</i> | | 9 Employer (See Instructions) | |
| Date <i>1/20/24</i> | Full name of contributor <i>Glenn & Linda Shirley</i> | <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) <i>\$250</i> |
| | Contributor address; <i>3226 Alta Vista Ln.</i> | City: _____ State: _____ Zip Code: _____ | |
| Principal occupation / Job title (See Instructions) <i>Body Man</i> | | Employer (See Instructions) <i>Barrons Body Shop</i> | |
| Date <i>1/22/24</i> | Full name of contributor <i>Jaime Morales</i> | <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) <i>\$500</i> |
| | Contributor address; <i>3617 Willowbrook Dr.</i> | City: _____ State: _____ Zip Code: _____ | |
| Principal occupation / Job title (See Instructions) <i>Morales Design Group</i> | | Employer (See Instructions) <i>Morales Design Group</i> | |
| Date | Full name of contributor | <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; | City: _____ State: _____ Zip Code: _____ | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: |
| 2 FILER NAME <i>Lauren Barron</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 558.57 |
| 5 Date 1/13/26 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Todd Lori Dornhecker</i>) 7 Contributor address; City; State; Zip Code <i>4753 Royal Troon San Angelo TX 76904</i> | 8 Amount of Contribution \$ \$ 558.57 9 In-kind contribution description <i>Yard Signs</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Sales</i> | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Principal LED</i> |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code | Amount of Contribution \$ <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|---|-----------------|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Lauren Barron</i> | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>1/14/2024</i> | 5 Payee name <i>McLaughlin Advertising</i> | | |
| 6 Amount (\$) <i>\$859.31</i> | 7 Payee address; <i>115 S. Park St.</i> | City; <i>San Angelo</i> State; <i>TX</i> Zip Code <i>76901</i> | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>Signage</i> | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED